VERIFICATION OF EXPERIENCE FOR RENEWAL/RANK CHANGE OF OCCUPATION-BASED CERTIFICATIONS

SECTION I. Record of Personal Information and Preparation to be completed BY APPLICANT (type or print)

| A. PERSONAL INFORMATION | | | | | | | | |
|--|--|---|--|---------------------------|---|-----------------|------------------|--|
| LAST 4 OF SSN: | Date of Birth: | | | | | | | |
| Last Name: | Suffix: | | FEES per 16 KAR 4:040 | | | | | |
| First Name: | | 2. | . Issuance, reissuance, or renewal of regular certificate (including addition of | | | | -0- \$85.00 | |
| Maiden Name: Mailing Address: | | ale 3. | Synchron multiple c | ization or ertificatio | ge) – Five (5) year ption for aligning ons (must meet | | Addl. \$15.00 | |
| City: Sta | | | applicable | e renewa | l requirer | nents) | | |
| Telephone Number () | - | | | | | | | |
| Primary E-mail address: | | | | | | | | |
| Secondary E-mail address: | | | | | | | | |
| B.1. TYPE OF CERTIFICATE REQUES One (1) year extension or renewal | STED – check all applicable Synchronization of expiration dat | es 🗆 | Five (5) yea | r renewal | □R | ank Change | | |
| B.2. RENEWAL BASIS ☐ NTI ☐ College Credit | ☐ Teaching Experience | | | | | | | |
| C. COLLEGE ATTENDANCE RECORD | - , | nce certificat | a wae ieeu | ad or last | renewed | 1 | | |
| attach official transcript of credits if renewing | g based on college coursework) | nce certineat | 5 Was 133uc | sa or last | Terrewee | <u>4</u> | | |
| College or University | Address | Dates of Attendance From To M Y M Y | | | Total semester hours or degrees awarded | | | |
| | | | | | | | | |
| | | | | | | | | |
| SECTION II. Record of Experienc | ce – list teaching or administr | ative experi | ence since | e certific | ate was | issued or la | ast renev | |
| School District | City, State | (include grad | ide grade level & Fu | | k one Other | Employm From | То | |
| | | subje | υι <i>)</i> | time | | M Y | M | |
| | | | | | | | | |
| verify that this applicant has had expe | rience as indicated above | | | | | | | |
| ☐ Check to indicate applicant has at lea | | ional Leaders | ship Act (El | LA) cred | it in the la | ast 5 years | | |
| Superintendent (or ATC Principal) Si | gnature: | | | | | | | |
| District:Date: _ | | District Tel | trict Telephone number: () | | | | | |